MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/574183

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1ᵗ AMENDMENT IND.	AFTER 1ᵗ AMENDMENT DEP.	AFTER 2ⁿ AMENDMENT IND.	AFTER 2ⁿ AMENDMENT DEP.		CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1ᵗ AMENDMENT IND.	AFTER 1ᵗ AMENDMENT DEP.	AFTER 2ⁿ AMENDMENT IND.	AFTER 2ⁿ AMENDMENT DEP.
1	1							51						
2	1							52						
3	1							53						
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9		1						59						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	11							TOTAL DEP.						
TOTAL CLAIMS	14							TOTAL CLAIMS						

PTO - 1360 (REV. 11-84)